This overview of the comprehensive eight-step Source Book highlights the information you could have at your fingertips – absolutely FREE – by becoming a participant in The Accommodation Program!

Step 1

The Accommodation Program

Familiarizes you with The Accommodation Program and what it means to your business, your revenue, and your customers.

Step 2

How to Arrange Your Seating and Table Settings

Helps you develop appropriate non-smoking and smoking sections by monitoring the seating preferences of your customers. You'll also learn how to use ventilation flow and architectural structures to maximum advantage.

Step 3

Enhancing Customer Service

Includes suggestions for training your staff on how to put the program into practice and the role of the owner/manager in providing an accommodating environment.

Step 4

Handling Customer Complaints

Features step-by-step instructions for handling customer complaints and managing such situations, should they arise.

Step 5

Enhancing Your HVAC System

Explains how to enhance air quality for maximum comfort throughout your restaurant. Also includes an 800-number directly connecting you with HVAC engineers who can discuss strategies for enhancing your HVAC system.

Step 6

Know Your Local/State Laws

Suggests where to find information on specific smoking regulations in your area.

Step 7

Signage

Explains where and how to use The Accommodation Program signage in your restaurant to communicate the smoking policy to your customers.

Step 8

Public Relations

Helps you promote your enhanced customer accommodations through the media.

If you found this overview helpful and would like to receive the complete 47-page *Restaurant Source Book* – and much more – just fill in, detach, and mail the reply card in this booklet or

call 1-800-929-1414.

Courtesy of Philip Morris Incorporated

YES, I'd like to participate in The Accommodation Program®.

Please send me FREE signage and program materials.

Your Name (Please print clearly) _____

_____

Your Title _____

Business Name _____

Business Address (no P.O. boxes please) _____

_____

City _____ State _____ Zip _____

Phone _____ Fax _____

(Check All That Apply)

Restaurant: ❑ *Fine Dining* ❑ *Midscale* ❑ *Quick Service*
❑ Hotel ❑ Bowling Center ❑ Shopping Mall ❑ Stadium/Arena
❑ Bar/Tavern ❑ Airport ❑ Association ❑ Casino
❑ Other (Please Specify) _____

Chain Operator ❑ *Local* ❑ *Regional* ❑ *National*
❑ Independent Operator

Number of Locations _____

❑ Yes, you may use my establishments name as a participant of The Accommodation Program in promotional materials and advertising per my signature below.

_____

2061038653

Source: https://www.industrydocuments.ucsf.edu/docs/rtdp0003